

SRG

Print Form

NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.
Completely fill in one circle.
Print legible numbers and block letters, no script.

COMPLETE ALL SECTIONS
before submitting or form will be returned.

I Reporting Information

Year: **2013**
Fill in circle if amendment ☐
Report Period: ☒ January/June ☐ July/December
Type of Lobbying: ☐ Nonprocurement ☐ Procurement ☐ Both
Client Filing Fee Check Number:

FOR OFFICE USE ONLY

131684
New Profile
RECEIVED JUL 12 2013
I: Both
III: Both
VI: Pres.
CK#3148 #SD

II Client Information

Name: **Metallic Lathers and Reinforcing Ironworkers Local 46**
Permanent Business Address: **1322 3RD AVE**
City: **NEW YORK** State: **NY** ZIP code:
Business Phone: **917-930-2300** Fax Number: **212-249-1226**
Third Party Beneficiary (see instructions):

III Lobbyist(s) Information & Compensation (Current Period Only)

Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization.

A Type of Lobbyist: ☐ Retained ☒ Employed ☐ Designated
Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both
Name: **JOHN SKINNER** Phone Number: **917 930 2300**
Address: **1322 3RD AVE**
City: **NEW YORK** State: **NY** ZIP code: **10021**
Compensation for current period: \$ **644** .00

B Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated
Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both
Name: Phone Number:
Address: State: ZIP code:
City: State: ZIP code:
Compensation for current period: \$.00

C Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated
Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both
Name: Phone Number:
Address: State: ZIP code:
City: State: ZIP code:
Compensation for current period: \$.00

☐ Continued on attached pages

D TOTAL COMPENSATION of ALL lobbyists for current period.....(A+B+C+addendum sheets): \$ **644** .00

IV Other Expenses (Current Semi-Annual Period Only)

A Report in the aggregate all expenses less than or equal to \$75: \$ 37 .00

B Report in the aggregate all expenses for salaries of non-lobbying employees: \$.00

C Itemize each expense exceeding \$75:

PAID TO: DATE: / / ☐ Ad ☐ Social Event

PURPOSE: AMOUNT: \$.00 ☐ *Addendum attached

☐ PROCUREMENT ☐ NONPROCUREMENT

PAID TO: DATE: / / ☐ Ad ☐ Social Event

PURPOSE: AMOUNT: \$.00 ☐ *Addendum attached

☐ PROCUREMENT ☐ NONPROCUREMENT

☐ Continued on attached pages

* If any expense listed above exceeds \$75 for an individual, you must attach the addendum page listing the expense, dollar amount attributable to the individual and the name, title and employer of the individual.

D Total expenses for current period: \$ 37 .00 (if applicable, include all expenses from attached pages in total)

V Source of Funding Disclosure

Instructions: In the event only one person or entity is listed as the Single Source for a Contribution(s), use Section A. In the event multiple persons or entities have been aggregated as a Single Source for a Contribution(s), use Section B.

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received. If more than five Contributions from the Single Source have been received, use section V(C) of the Addendum for the additional Contributions.

Contribution(s) from Single Source #1

Single Source Entity's Name:
or
Single Source Person's Last Name: First Name:

Address: State: ZIP code:

City: State: ZIP code:

Phone:

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contribution(s) Single Source #2

Single Source Entity's Name: Metallic Lathers and Reinforcing Ironworkers Local 40
or
Single Source Person's Last Name: First Name:

Address: 1322 3rd AVE State: NY ZIP code: 10021

City: NEW YORK State: NY ZIP code: 10021

Phone: 917 930 2300 - 212 737-0500

Date Contribution Received: 1 / 14 / 13 Amount of Contribution: \$ 9133 .00

Date Contribution Received: 1 / 14 / 13 Amount of Contribution: \$ 9471 .00

Date Contribution Received: 1 / 31 / 13 Amount of Contribution: \$ 33 .00

Date Contribution Received: 2 / 28 / 13 Amount of Contribution: \$ 29 .00

Date Contribution Received: 3 / 1 / 13 Amount of Contribution: \$ 8794 .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(A) of the Addendum to list all such Contributions: ☐

Designated Addendum sheet for section V(B)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure**B Single Source information for a Contribution(s) from multiple, Related, or Affiliated Entities.****Single Source #** 2Related or Affiliated Entity or Person: Metallic Lathers + Reinforcing Ironworker Local 46

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:Date Contribution Received: 3 / 1 / 13 Amount of Contribution: \$ 7120 .00Date Contribution Received: 3 / 31 / 13 Amount of Contribution: \$ 32 .00Date Contribution Received: 5 / 6 / 13 Amount of Contribution: \$ 8957 .00Date Contribution Received: 5 / 9 / 13 Amount of Contribution: \$ 11,086 .00Related or Affiliated Entity or Person: Metallic Lathers + Reinforcing Ironworkers Local 46

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person :Date Contribution Received: 5 / 31 / 13 Amount of Contribution: \$ 32 .00Date Contribution Received: / / Amount of Contribution: \$.00Date Contribution Received: / / Amount of Contribution: \$.00Date Contribution Received: / / Amount of Contribution: \$.00**Single Source #** 2

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:Date Contribution Received: / / Amount of Contribution: \$.00Date Contribution Received: / / Amount of Contribution: \$.00Date Contribution Received: / / Amount of Contribution: \$.00Date Contribution Received: / / Amount of Contribution: \$.00

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:Date Contribution Received: / / Amount of Contribution: \$.00Date Contribution Received: / / Amount of Contribution: \$.00Date Contribution Received: / / Amount of Contribution: \$.00Date Contribution Received: / / Amount of Contribution: \$.00

VI Subjects lobbied:

Prevailing Wage, and Safety in construction.

☐ Continued on attached pages

VII Person, State Agency, Municipality or Legislative Body lobbied:

☐ Continued on attached pages

VII Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

A03059 - 52760, 53715 - A7696

☐ Continued on attached pages

VIII Title and Identifying Numbers of procurement contracts/documents lobbied:

☐ Continued on attached pages

IX Number or Subject Matter of Executive Order of Governor/Municipality lobbied:

☐ Continued on attached pages

X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:

☐ Continued on attached pages

XI Declaration

This Declaration must be signed by the Chief Administrative Officer. (If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) **(See instructions.)**

I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.

X SIGNATURE:

[Signature]

DATE: *7/9/13*

PRINT NAME LAST *SKINNER*

FIRST *JOHN*

TITLE: *President / Political Director*

Mark One: ☐ Chief Administrative Officer ☐ Designee (Attach Letter)

The following MUST be attached to this report at the time of submission:

- You must attach a **\$50 dollar filing fee** to each semi-annual report. (No fee is required for amendments to the original)
- If applicable, a designation letter if you have marked designee in section XI.
- If applicable, continuation sheets for sections III, IV, V, VI, VII, VIII, IX and X.

PLEASE NOTE You may be assessed up to \$25 for each day this report is late.